

DEPARTMENT OF MANAGED HEALTH CARE

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**California Annual Aggregate Rate Data Report Form****Version 1**

(File through SERFF as a PDF. If you enter data on a Word version of this document, convert to PDF before submitting the form. SERFF will not accept Word documents.

Note "Annual Aggregate Rate Data Report" in the SERFF "Filing Description" field)

1) Company Name:

2) This report summarizes filing activity for plan year (calendar year): 20____

3) Total number of filings submitted during calendar year: _____

4) Segment Type

Segment type	Number of filings submitted by market segment	Percentage of total filings	Number of subscribers	Number of covered lives affected ¹	Average % rate increase ²
Individual					
Small Group					

¹ Insert total number of covered lives affected, the sum of the number of covered lives reported in each rate filing during the calendar year.

² Average percent increase means the weighted average of the annual rate increases, weighting filed rate changes by the number of covered lives for each product for which rate were filed

5) Product Type

Product type	Number of filings submitted	Percentage of total filings	Number of subscribers	Number of covered lives affected ³	Average % rate increase ⁴
HMO (Health Maintenance Organization) Small Group					
HMO Individual					
PPO (Preferred Provider Organization) Small Group					
PPO Individual					
EPO (Exclusive Provider Organization)					
POS (Point of Service)					
Other (describe)					

Describe "Other" Product Types here:

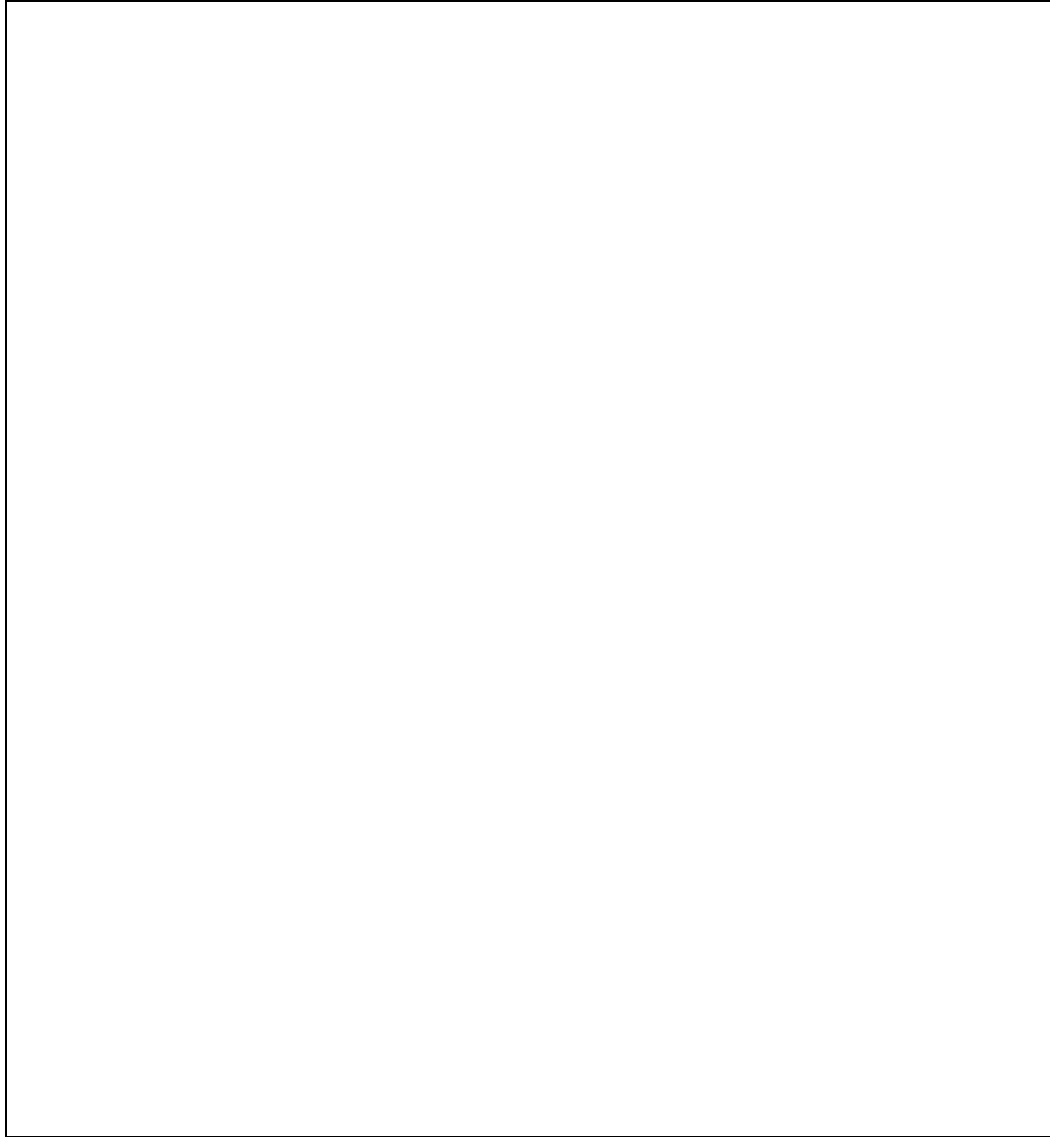
³ Insert total number of covered lives affected, the sum of the number of covered lives reported in each rate filing during the calendar year.

⁴ Average percent increase means the weighted average of the annual rate increases, weighting filed rate changes by the number of covered lives for each product for which rate were filed

6) Cost Containment and Quality Improvement Efforts

Describe, for each category of health plan (individual, small group), cost containment and quality improvement efforts during the calendar year covered by this report. To the extent possible, describe any significant new health care cost containment and quality improvement efforts and provide an estimate of potential savings together with an estimated cost or savings for the projection period. See Health and Safety Code section 1385.03(c)(3).

7) Comments. Place any needed comments here.

A large, empty rectangular box with a thin black border, intended for providing comments. It occupies the majority of the page area below the instruction.